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DRAFT Mockup

Strategic & Operational Plan
Health Information Exchange
Kansas Department of Health & Environment



Submitted for Review to the
Kansas e-Health Advisory Council
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STRATEGIC PLANNING

In Brief: The journey in Kansas leading to the creation of a Health Information Exchange (HIE) has been shaped by a variety of factors. Key factors in this section include:

- ◆ State demographics and their impact on planning and implementation of an HIE,
- ◆ Kansas involvement in the conversation regarding HIE at the federal level, particularly as it pertains to rural states, and
- ◆ State-level initiatives that have led to the creation of the e-Health Advisory Council.

Introduction

The goals of the **Kansas HITECH Strategic Plan** are many. This section of the document will set the stage and provide context for and an understanding of the process used by Kansas planners to reach the conclusions found in the HITECH Operational Plan. Further, the Strategic plan will underscore the breadth and diversity reflected in prior HIE efforts, highlight the stakeholders who participated in shaping the Operational Plan, and recognize the limits that Kansas faces in realizing this plan, which drive the need for collaboration among the various HITECH-funded efforts. Most importantly, the Strategic Plan will establish how the components of the Operational Plan are the result of a process that established formal “points of consensus” amongst key stakeholders. These points of consensus serve as the catalyst for the Operational Plan.

The Journey

Health information exchange and health information technology have been an area of focus in Kansas for several years. As such, consideration and planning for significant changes in the Kansas healthcare environment have been taking place for years prior to HITECH. The current HIE and HIT initiatives hold both promise and challenges, both in conceptualization and in realization. Some of these challenges are determined by the rural nature of the state, the shortages of health professionals, and the limited resources that have constrained the broad outcomes from earlier HIE and HIT efforts. With the current infusion of HITECH funding, however, Kansas can begin leveraging efforts to coordinate healthcare organizations, such as the state’s numerous rural health networks, and to manage the delivery of healthcare services through patient-centered medical homes. The following sections provide a brief description of the unique character of healthcare in Kansas, as well as the prior efforts in HIE and HIT. The section finishes by providing a focus on Kansas’ efforts to use the patient centered medical home as one aspect to transform the healthcare environment.

Healthcare in Kansas

Kansas is a largely rural state, with 84% of its 105 counties designated as Frontier (31), Rural (38), or Dense Rural (19).

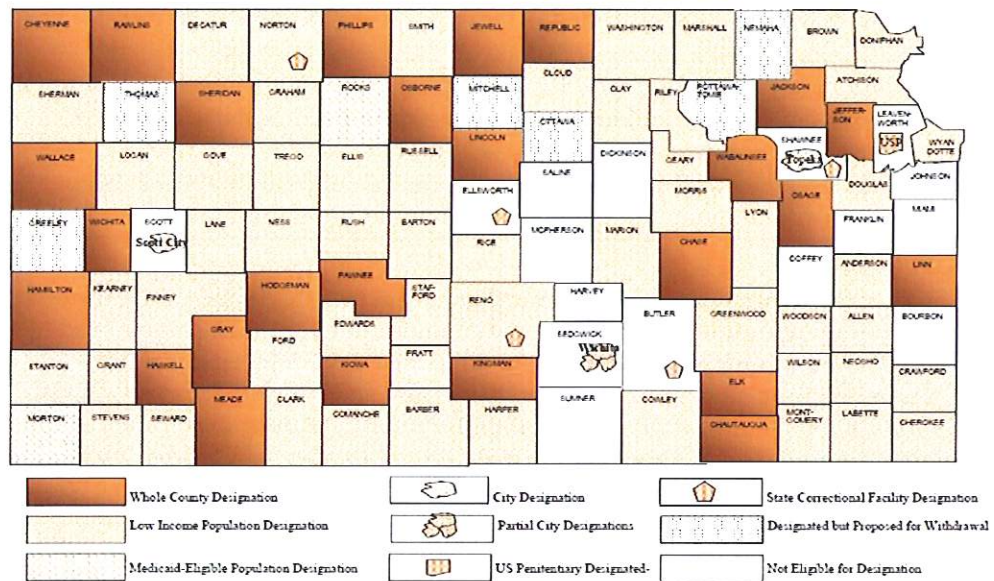
Table 1: County Population Designation

Urban	(150+ people/sq mile)	5
Semi-Urban	(40-149 people/sq mile)	12
Dense Rural	(20-39.9 people/sq mile)	19
Rural	(6-19.9 people/sq mile)	38
Frontier	(<6 people/sq mile)	31
All Kansas	(Ave. 33.9 people/sq mile)	105

Kansas Quick Facts:

- 82,282 sq miles
- 15th Largest State
- 105 Counties
- 86% Rural
- Population- 2,802,134
- Medically Underserved- 1,679,272 (59.9%)
- 82% Underserved Counties

**KDHE Office of Local and Rural Health
Primary Care HPSAs as of January 2010**



In summary, there are currently 89 whole and 3 partial counties that meet Rural Health Center (RHC) program requirements, as well as the designation of a Health Professional Shortage Area (HPSA), indicating that they are eligible for federal assistance programs due to the shortage of primary care providers (PCPs) in their communities.

Table 2: Primary Care Health Professional Shortage Area (HPSA) Designation

Population-Based Shortage Areas	51
Geographic-Based Shortage Areas	25
Sole City Designation	1
Partial City Designation	3
Correctional Facility Designation	6
Total County Primary Care HPSAs	86

The State of Kansas has been involved in the development and use of Telemedicine and Telehealth to reach rural populations. The Telemedicine program at the University of Kansas Medical Center and the Kan-Ed network reach across the state.

Prior HIT and HIE efforts

For more than two decades, Kansas has leveraged technology to resolve the issues faced by the state healthcare delivery system. For example, Kansas was an early and effective leader in the use of **Telemedicine and Telehealth** to reach its rural population. Today, the University of Kansas Medical Center Telemedicine program reaches every corner of the state to offer Kansas residents access to a variety of health professionals and educators. Central to this effort has been Kansas' continued investment in broadband communications and focus on integrating education, libraries, and health on the Kan-Ed network.

Strategic Plan	Formation	Implementation	Core Strategies	Supplemental Strategies
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For the past decade, Kansas has focused on efforts to explore and expand the use of health information technology and establish health information exchange. The first comprehensive statewide effort began when Governor Sebelius created the **Health Care Cost Containment Commission (H4C)**, in December of 2004. Governor Sebelius charged H4C with making recommendations on a) creating solutions to reduce health care administrative processes that increase costs without improving patient care, b) advising the Governor as she led the development and implementation of strategies for more efficient and effective uses of health related information, and c) identifying obstacles to revamping Kansas' health system infrastructure, and devising resolutions to these obstacles.

H4C identified HIT and HIE as key components in a long-term strategy for improving quality, safety, and efficiency in the Kansas health care system.

In October of 2005, the H4C commissioned the Kansas Statewide HIT/HIE Policy Initiative to develop recommendations for infrastructure needed to support HIE in Kansas. The recommendations recognized that early adoption of a statewide health information infrastructure would improve health care quality, safety and efficiency in Kansas by:

1. Ensuring that health information was available to health care providers at the point of care for all patients;
2. Reducing medical errors and avoiding duplicative procedures;
3. Improving coordination of care between hospitals, physicians, and other health professionals; and
4. Providing consumer access to quality and cost information as well as to their own health information, to encourage greater patient participation in their health care decisions.

During the Kansas Statewide HIT/HIE Policy Initiative, the Kansas Foundation for Medical Care, Inc. (KFMC) performed an environmental scan of Health Information Technology in Kansas in April 2005, which included a survey of physician offices across the state. KFMC now serves as the Regional Extension Center for Kansas. Those data are presented below:

2005 HIT Environmental Scan at a Glance

Physicians:

Physician offices using electronic clinical information	21.4%
Physician offices not using electronic clinical information	
Planning to move toward electronic clinical information within 12 months	31.8%
Not planning to move toward electronic clinical information	68.2%

Hospitals:

Hospitals with access to electronic lab results	51%
Hospitals with electronic imaging systems in place	34%
Hospitals with implemented electronic medication administrations records	24%
Hospitals discussing and considering strategies for CPOE by 2007	46.8%

The first HIT/HIE Policy Initiative in Kansas was in 2005, followed in 2007 by the creation of the HIE Commission.

On February 7, 2007, following the conclusion of the H4C initiative, Governor Sebelius issued an Executive Order establishing the "HIE Commission" to serve as a leadership and advisory group for HIE in Kansas.

The Executive Order required the HIE Commission to:

1. Promote the public good by ensuring an equitable and ethical approach to HIE for the improvement of health care
2. Encourage collaboration and facilitate a standardized approach to interoperable HIE in Kansas and across state lines.
3. Recommend policy that would advance HIE in Kansas while protecting the privacy and security of citizens' private health information
4. Leverage existing HIE initiatives in Kansas and proactively seek opportunities to utilize HIE for the betterment of Kansas' health care system.

The HIE Commission was established by then-Governor Kathleen Sebelius. Sebelius has since assumed the position of Secretary of the US Department of Health & Human Services.

On August 31, 2007 the HIE Commission submitted its report and recommendations to Governor Sebelius. The report identified "leadership" and "resource needs" as key aspects necessary for Kansas to support and stimulate HIE on a state-wide level. With respect to leadership, the HIE Commission recommended adopting a hybrid, private and public model that would involve:

1. Establishing the Kansas Health Information Exchange Coordinating Entity as a not for-profit, tax-exempt 501(c)(3) corporation; and
2. Appointing a Board of up to 21 members consisting of 6 governmentally appointed members – including at least one KHPA representative –and up to 15 members from stakeholder groups/individuals.

To address the need for adequate resources for the support of HIE efforts across Kansas and to foster successful HIE at the local level, the HIE Commission recommended that the first priority of the Coordinating Entity should be to establish a mechanism or function for providing financial and non-financial resources to HIEs across Kansas.

Related Efforts

Since June of 2006, Kansas has been participating in **Health Information Security and Privacy Collaboration (HISPC)**, a federally funded effort to identify common solutions to privacy and security issues related to electronic HIE. Kansas has also participated in the Harmonizing State Privacy Law Collaborative (HSPLC) and the Consumer Education and Engagement Collaborative (CEEC), initiatives of HISPC.

- ♦ The HSPLC was formed to support the implementation of both intrastate and interstate electronic HIE by assisting states in identifying, analyzing and reforming their laws as they relate to the adoption of HIE. Extensive discussions and activities with stakeholders during the first phase of HISPC determined that an overall lack of clarity in legal standards, and in interpretation of those standards, has created multiple barriers to the adoption of HIE. HSPLC is developing a set of analytical tools and a narrative guide. One HSPLC tool is partially based on work conducted by the Kansas Legal Workgroup in 2007. The tool is designed to be used by individual states to facilitate discussion about laws

Under the umbrella of HISPC, Kansas has been involved in a number of federal initiatives regarding health information security and privacy.

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or gaps in law that may present barriers to the adoption of HIE within the state. The tool is also designed to facilitate discussion about the feasibility of a potential legal change in terms of need, cost, ease of reaching consensus, and impact on privacy.

- ♦ The **HISPC CEEC** was a multi-state effort to educate consumers and engage them in the implementation of HIE. The CEEC states were diverse in their resident populations and healthcare resource needs. The Kansas CEEC targeted residents of rural Kansas focused on the following goals:
 - ♦ Identify rural consumers' HIE and HIT privacy and security education needs and solicit feedback on preferences in regards to dissemination of messages. Collaborate with other states to advance education of consumers on HIE and HIT privacy and security issues.
 - ♦ Search for, customize, develop, and refine educational materials for informing consumers in rural Kansas about privacy and security of HIT and HIE. Pilot test select resources from the toolkit developed. Make an educational tool kit available to the CEEC and others through a Web portal.
 - ♦ Develop a communication plan to disseminate the targeted messages on HIE and HIT privacy and security and to evaluate the impact of the HIT and HIE privacy and security education materials.
 - ♦ Collaborate with other states to catalog relevant materials and tools, and to develop a glossary on HIT and HIE privacy and security terms.

Kansas is participating with ten other states in new efforts to harmonize state laws and interstate exchange of information called **The Midwest Consortium Project**. The HISPC Committee, a collaboration of States from 2006 – 2008, studied, among other issues, challenges that would impact data exchange. This proposal builds on the HISPC recommendations by bringing a Consortium of States together to develop policies and operational strategies for secure, private, interstate data exchange. Viable recommendations were made, however findings show there are opportunities to enhance effective and efficient interstate data exchange.

The Midwest Consortium Project Members

Kansas:	Kansas Department of Health and Environment
Nebraska:	The Nebraska Information Technology Commission and The Nebraska Health Information Initiative
Arkansas:	Arkansas Office of Health Information Technology
Iowa:	Iowa Department of Public Health, Office of Health Information Technology
Missouri:	Missouri Department of Social Services
Kentucky:	Governor's Office of Electronic Health Information Technology – Cabinet for Health and Family Services
Colorado:	Governor's Office of Information Technology
Wyoming:	Wyoming e-Health Partnership
Illinois:	Illinois Office of Health Information Technology
Tennessee:	Health Information Partnership for Tennessee

As part of the Consumer Education and Engagement Collaborative, Kansas has focused on the particular needs of rural consumers for HIE and HIT privacy and security.

The Midwest Consortium Project aims to find ways to remove the barriers to interstate data exchange through:

- *Opt-in/Opt-out policies*
- *Compliance with privacy laws, rules and regulations*
- *Effective communication with physicians*

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The Midwest Consortium project will identify the current status of data exchange issues in each participating State and develop solutions.

Established in 2005, the Kansas Health Policy Authority (KHPA) administers:

- Medicaid
- SCHIP
- HealthWave
- State Employee Health Plan
- State Self-Insurance Fund

The e-Health Advisory Council, or eHAC, was established by the KHPA in February 2008. EHAC has been the governing body in the creation of the Kansas Strategic & Operational Plan.

The intent of the Midwest Consortium is to expand on the 2006-2008 research of the ONC and RTI International entitled "Privacy and Security Solutions for Interoperability Health Information Exchange" (HISPC 1.0). The Midwest Consortium intends to focus on the "core issues" throughout the duration of the grant project and is committed to working collaboratively to solve interstate data exchange issues. Additionally, in a collaborative effort to resolve interstate data exchange issues, the Consortium will aim to provide a proven set of tools to be used as a working example by other states.

The Kansas Health Policy Authority was established in 2005 with the general charge to improve the health of Kansans and to develop and maintain a coordinated health policy agenda that combines effective purchasing and administration of health care with health promotion-oriented public health strategies. KHPA administers the medical portions of Medicaid, the State Children's Health Insurance Program (SCHIP), HealthWave, the State Employee Health Plan and the State Self- Insurance Fund (SSIF), which provides workers compensation coverage for state employees. KHPA is also responsible for the development of a statewide health policy agenda, including health care and health promotion components, as well as the development of health indicators to include baseline and trend data on health costs. KHPA also has led ongoing HIE initiatives including health information exchange infrastructure planning, privacy and security collaboration, an advanced medical identification card, a community health record, strengthened electronic prescribing processes and electronic medical records, development of pilot programs to enhance compatibility with the private sector. They have also overseen the establishment of a two-phase initiative to collect and make available health and health care quality information developed by the Data Consortium for use by purchasers and consumers.

In February 2008, the KHPA established a **Health Information (e-Health) Advisory Council (eHAC)**. EHAC was designed to serve in an advisory role to the Governor and the KHPA to:

1. Explore options and make recommendations to leverage Kansas' purchasing power to promote the use of health information technology, including consideration of a state-wide community health record,
2. Provide guidance related to the operation and function of the resource center for stakeholders as outlined in the HIE Commission's recommendations, including the implementation of a state-wide education plan to coordinate efforts across governmental and private entities to inform key stakeholders (e.g. consumers, providers, employers, payers, and policymakers) about the importance of HIT and HIE in improving health care delivery in Kansas.
3. Provide recommendations on policy issues related to health information technology on topics such as:
 - a. Review and analysis of state and federal laws pertaining to the exchange of health information in Kansas;
 - b. Identification of health care informatics standards and best practices to improve the exchange of health information;
 - c. Development of model policies, procedures, and guidelines for the exchange of health information;
 - d. Development of policies and models that allow for consumer access to personal health information in order to promote personal responsibility and self-management of care; and
 - e. Strategies to successfully implement HIE.